Unit 2

Role of General Duty Assistant for Outpatient Care

Introduction

Medical services provided by medical professionals to members of a community for routine health check-up is 'outpatient care'. These are the services that do not require hospital stay for a patient. The procedures involved in outpatient services include managing the front office, documenting, directing the patient to the concerned specialist, guiding for laboratory investigation, assisting in examination, dispensing medicines and follow-up. A General Duty Assistant acts as a liaison between the hospital or health centre and the patient. Usually, services related to physical or mental ailments, diagnostic procedures, rehabilitation care, etc., are treated in the outpatient department, whereas, cases requiring detailed observation by a specialist doctor are recommended for inpatient care.

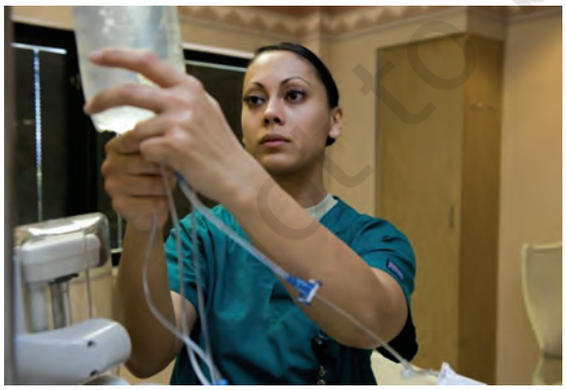

Fig. 2.1 A General Duty Assistant at work in a hospital

A GDA, while working in a hospital or clinic, may have to manage the front office as well. This requires effective communication and management skills as many situations in the hospital or clinic need quick and accurate decision-making ability. This unit describes the skills

required for handling the hospital medical reception and responding to emergency calls. In all these situations, clear communication is the most effective tool, else it may lead to confusion and stress in the GDA, patient and her/his relatives.

The following sessions throw light on the skills required for managing appointments at the front desk, which include responding to patients' calls, arranging for ambulance service, identifying the vital signs (body temperature, pulse, respiration and blood pressure) of a patient, assisting in her/his physical examination, etc.

Session 1: Role and Functions of Medical Receptionist

In this session, you will learn about the role and functions of a medical receptionist.

A General Duty Assistant may be required to serve as a Medical Receptionist. Therefore, s/he must be trained in medical terminology, application of software and office procedures. The reception is, usually, located near the entrance of a hospital. The receptionist's job is to handle visitor enquires, direct visitors to the Public Relations Officer (PRO) and coordinate with other hospitals.

A hospital's reception, usually, functions 24×7. In hospitals, where the reception does not function during the night, an alternative arrangement is made to help patients and their relatives. The size of the reception area and facilities offered by it depend on the size of the hospital and number of visitors and patients.

Physical set up of reception counter

A reception counter consists of the following:

- reception desk
- registration counter
- record room
- light system
- telephones
- waiting area
- public utility service

- information kiosk
- clock system
- signage system
- facilities for the physically handicapped, including the deaf and mute
- seating facility

Role and functions of receptionists

A Medical Receptionist is the first point of contact for patients, visitors, doctors and staff members. Doctors, nurses, and other medical and administrative staff depend on the receptionist to create a friendly, welcoming and well-organised front office for patients and facilitate their flow through the facility. A receptionist is required to ensure that the paper work of a patient is completed by her/him or her/his family members in time. S/he may also collect patient notes and ensure that these records go to the concerned health care professional. In a clinic, s/he may arrange appointments and patient transport. A hospital receptionist helps the patient regarding information on outpatient department's timing, investigation, reports, location of departments, etc. Medical Receptionists work on their own or along with one or two other receptionists. They have to manage the crowd.

Qualities of a receptionist

The knowledge, skills, abilities and qualities that a Medical Receptionist must possess include the following:

- knowledge of departments and sections of a hospital
- greeting clients
- arranging meetings
- answering and forwarding phone calls
- sorting and distributing posts
- recording information in an organised and efficient manner
- communication skills
- politeness and efficiency
- compassionate

Practical Exercise

Visit a nearby hospital and observe the activities in the reception area. Also, take note of the tasks being performed by a receptionist. Prepare a note on your observations.

Check Your Progress

A. Fill in the Blanks

1. _____ is the first point of contact for patients, visitors, doctors and staff members.
2. Any two qualities that a receptionist must possess are _____ and _____.

B. Multiple Choice Questions

1. At the reception counter of a clinic, there is some confusion regarding the time allotted to few patients. What skills and abilities of a receptionist will help ease the confusion?
   (a) Communication skills
   (b) Politeness
   (c) Organisationability
   (d) All of the above
2. Identify the counters related to a receptionist's job.
   (a) Registration counter
   (b) Waiting area
   (c) Record room
   (d) All of the above

C. Short Answer Questions

1. Where is a hospital's reception, generally, located?
2. What are the qualities of a hospital receptionist?
3. What are the tasks performed by a Medical Receptionist?

Session 2: Identifying Vital Signs in Patients

Vital signs indicate the body's most basic functions. It gives information about the physiological and psychological health of a person. In this session, you will learn about the various vital signs and how to identify them. Body temperature, pulse, respiration and blood pressure are the four vital signs of life.

The assessment of body functions allows a GDA to identify specific life-threatening conditions and plan

interventions. It also helps her/him to detect changes in a patient's health status. Vital signs in a healthy individual remains in a fixed range. These indicators are useful in detecting or monitoring medical problems in a human body. It can be measured anywhere, for example, in a medical setting, at home, at the site of a medical emergency, while travelling, etc.

Temperature

Human body temperature, in normal conditions, referred to as 'normothermia' or 'euthermia', varies on the position of the body at which the measurement is taken or the time of the day at which it is taken, or the activity being performed by a person at that time. Body temperature differs inside body cavity. For example, rectal and vaginal measurements are found to be slightly higher than oral measurements, and oral temperature is somewhat higher than the skin temperature. To explain further, the widely accepted average internal body temperature is 37° C (98.6° F), while the oral (under the tongue) measurement is 36.8° C ± 0.4° C (98.6° ± 0.7° F). These numbers represent the average normal temperature that varies from person-to-person.

Fig. 2.2 Clinical thermometer

Preparations for taking temperature

- Clean or wash your hands.
- Select appropriate equipment to take the measurement.
- Introduce yourself to a patient and describe the procedure to her/him. Clarify her/his doubts, if any.
- Shake the glass thermometer to lower the mercury level below 96° F or switch on the power button of the electronic thermometer.

Taking oral temperature

Keep the tip of the thermometer in the patient's posterior sublingual pocket of the oral cavity.

- Place it there for 3–5 minutes.
- Take out the thermometer and wipe it with a tissue paper to clear it for reading the calibrations accurately.

- See the temperature reading by rotating it slowly. It helps you to see the chemical level. Now, read to the nearest tenth of a degree or see the digital display on an electronic thermometer.
- Record the reading.

Fig. 2.3 Taking oral temperature

Taking rectal temperature

- The patient is placed with upper knee flexed in Sim's position. Cover the patient to expose only the anal area.
- Wear gloves.
- Prepare the thermometer and lubricate its tip with water or vaseline.
- Hold the thermometer using the dominant hand and separate the buttocks to expose the anus.
- The patient is asked to inhale. Insert the thermometer or probe gently into anus (infant ½ inch, adult 1½ inches). Continue the procedure, if there is no resistance, by holding it in place for 1 minute.
- Wipe secretions on the glass thermometer with a tissue paper and dispose it off. Note down the temperature and document the reading.

Taking auxiliary temperature

- Take the patient's permission to gain access to the auxiliary area (i.e., area under the armpit). Remove the gown from one side of the shoulder. Wipe the auxiliary area to dry it.
- Place the thermometer or probe into the centre of the axilla. Keep the patient's arm straight down and place the forearm across the patient's chest.
- The thermometer must be in place, usually for 5 minutes or until the signal or beep sound is heard.
- Remove it and read the calibration accurately.

Conclusion

- In case of manual thermometer, shake it downwards and clean it with soapy cold water or alcohol. Wipe it in a twisting motion.

- In case of digital thermometer, push the power button and remove the disposable cover on the thermometer.
- Record the temperature.
- Assist the patient to a comfortable position.
- Keep the thermometer appropriately.
- Wash your hands.

Fig. 2.4 Reading the pulse of a patient

Pulse

Pulse rate indicates the heart rate, or the number of times the heart beats per minute. The arteries expand and contract with the flow of blood from the heart. Pulse beat not only indicates heartbeat but also heart rhythm and strength of the pulse.

The average pulse for a healthy adult ranges from 60 to 80 beats per minute. The pulse rate may also fluctuate and increase with exercise, illness, injury and emotions. The flow of blood through arteries can be felt by firmly pressing on the arteries, which are located close to the surface of the skin in certain body parts. The pulse can be felt on the side of the lower neck, inside of the elbow, or at the wrist. It is the easiest to take the pulse at the wrist. While taking pulse at lower neck, a GDA lowers the neck of the patient and ensures it is not pressed hard as it blocks blood flow to the brain. While taking the pulse, the following steps must be followed:

- Press firmly but gently on the arteries using the first and second fingertips until you feel the pulse.
- Count the pulse for 60 seconds (or for 15 seconds, and then, multiply by four to calculate the beats per minute).
- While counting, concentrate on the beats of the pulse rather than the time.

Respiration rate

Respiration rate indicates the number of breaths (or chest movements) a person takes per minute when s/he is at rest. The rate of respiration may vary in conditions, like fever, illness and other medical conditions. While checking the respiration rate, it is

important to also note whether the person has any difficulty in breathing. Normal respiration rate for an adult at rest ranges from 12 to 16 breaths per minute.

Blood pressure

Blood pressure is the measure of the flow of blood being pumped by the heart through the artery walls. Each time the heart beats, it results in the highest blood pressure as the heart contracts. Two numbers recorded while measuring the blood pressure are — 'systolic pressure', the pressure inside the artery when the heart contracts and pumps blood through the body, and 'diastolic pressure', the arterial blood pressure recorded when the heart is at rest. Blood pressure is measured using 'sphygmomano-meter'. The three types of sphygmomano-meters used are — mercury, aneroid and digital. Both systolic and diastolic pressures are recorded as 'mm Hg' (millimeters of mercury). This unit was used based on the rise of mercury along the tube in an old-fashioned manual blood pressure device (called 'mercury manometer'). High blood pressure for adults is considered as 140 mm Hg or greater systolic pressure and 90 mm Hg or greater diastolic pressure. High blood pressure or hypertension is one of the risks identified for coronary heart disease (heart attack) and stroke.

Fig. 2.5 Measuring the blood pressure of a patient

Preparation for blood pressure measurement

- Before you start taking the blood pressure, ask the patient to take rest for 3–5 minutes without talking.
- Seat the patient on a comfortable chair, with the back supported and legs and ankles uncrossed.
- The patient's arm must be flexed at the elbow and placed on a table to raise its level with heart.
- Wrap the cuff around the upper part of the arm above the antecubital fossa. The cuff should be wrapped tightly, allowing one fingertip to slip under it.
- Ensure that the bottom edge of the cuff is at least one inch above the crease in elbow.

- While taking the blood pressure readings, it is important to record the date and time along with the reading.

Vital signs	High	Low
Temperature	Hyperthermia	Hypothermia
Pulse	Tachycardia	Bradycardia
Respiration	Tachypnoea	Bradypnoea
Blood Pressure	Hypertension	Hypotension

Practical Exercise

Visit a nearby hospital and observe the procedures adopted for measuring the vital signs of patients. Fill the required information for any five patients as given in the table below.

Name of the patient/code No.	Temperature	Pulse	Respiration	Blood Pressure

Activity

Prepare a catalogue of various types of thermometer and BP (blood pressure) apparatus and identify their functions.

Check Your Progress

A. Fill in the Blanks

1. The normal body temperature is _____.
2. Pulse and blood pressure are related to _____ functioning.
3. Respiration rate is the _____ a person takes per minute.
4. The two numbers recorded while measuring blood pressure are _____ and _____.

B. Short Answer Questions

1. What are the vital signs of a human body?
2. List the vital signs of the human body.
3. Explain the procedure for measuring temperature and pulse.

Session 3: Assisting in the Examination of Patient

In this session, you will learn about the assistance provided by a General Duty Assistant during various medical examinations of patients, viz., eyes, ears, nose, throat, neck, chest, etc.

Measuring height and weight

To measure the length of a baby, who cannot stand, s/he must be placed on a hard surface, in an upright standing position with the knees extended. The measurement is taken from the soles of the feet to the vertex of the head. The head should be in such a position that the eyes face the ceiling. After a child is able to stand, the height can be measured. If the child stands on the heels, back and head against the wall, a small flat board held from the top of the head to the wall will give an accurate measure of the height, which is the distance from the floor to the board. The weight of a person, who can stand is, generally, measured by a standing scale. The person stands on a platform and the weight is noted. Usually, the weight is taken without shoes. To record the weight of a baby, a weighing scale with a container, where the baby can be laid, is used. The baby must be unclothed or the clothes need to be weighed separately, and later, its weight can be subtracted from the total weight.

Fig. 2.6 Measurement of a patient's weight

Measuring skull circumference

Skull is measured from above the eyes to the occipital protuberance, where the diameter is the maximum.

Examination of the eyes

Examination of the eyes is done in a lying or sitting position. An ophthalmologist uses a head mirror that reflects light on a patient's face. The first examination is done to determine the eye movements and its reaction to light. For detailed examination of the internal parts of the eyes, an ophthalmoscope is used.

Fig. 2.7 Eye test of a patient

Examination of the ears

A patient may be placed either in a lying or sitting position with an ear turned towards an ENT specialist.

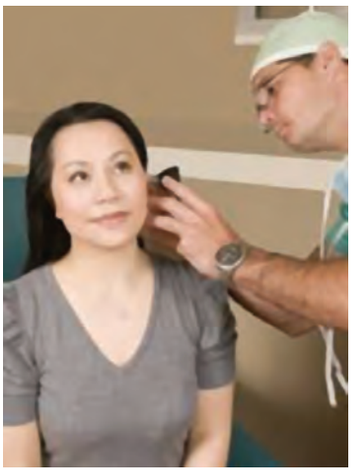

Fig. 2.8 Examination of the ears of a patient

Equipment used for the examination of ear are a head mirror, ear speculum of various sizes, cotton-tipped applicators and auto-scope. 'Tuning fork test' is the basic test for hearing. A person needs to be carefully examined and may be advised accordingly. A young child is made to sit on her/his parent's or guardian's lap with her/his legs placed between the parent's or guardian's knees and arms held against the back. The child's head is held against the parent's or guardian's chest. Infants can be laid on the examination table.

Examination of the nose, throat and mouth

The patient is seated with the head resting against the back of the chair. A tongue depressor and adequate light are needed for examining the throat. Examination of the nose requires a nasal speculum and a head mirror. Sometimes, auto-scope is also used.

Examination of the neck

The neck is palpated to check for lymph nodes. To assess the thyroid glands, the patient is asked to swallow saliva.

Fig. 2.9 Examination of the chest of a child

Examination of the chest

The anterior chest is examined by placing a patient in a horizontal recumbent position. There are various ways to examine the chest. Percussion method is used to determine the presence of fluid or congested areas. A physician also uses a stethoscope to listen to breathing sounds in the chest. The patient is placed in a sitting position to examine the posterior chest. The heart and lungs are examined by percussion and auscultation.

Examination of the abdomen

The examination of abdomen is performed by keeping a patient in dorsal recumbent position and the knees are slightly flexed to relax the abdominal muscles. The abdomen is inspected, palpated, auscultated and percussed to detect abnormalities, if any.

Examination of extremities (arms and legs)

Arms and legs are inspected, palpated and moved in various planes. Edema (accumulation of fluid) may be observed at the ankle joint by pressing the skin against the bone and varicose veins on the posterior part of the leg over the calf muscles. The joints are moved in all directions to assess the movements.

Examination of the spine

The spine is examined by keeping the patient in a standing position for abnormal curvature. The fingers are moved over the spine to detect spina bifida (a birth defect in which a baby's spinal cord fails to develop properly) in a newborn.

Examination of the rectum

For examining the rectum and anus, the patient is placed in a dorsal recumbent or left lateral position. The anus is observed for hemorrhoids, fissures or cracks. The patient is asked to bend down so as to see if there are any internal hemorrhoids. To examine the rectum, a clean glove (finger cot), proctoscope, lubricant and adequate lighting are necessary.

Practical Exercise

Visit a nearby hospital and observe a doctor examining the following:

Particulars	Observations
Height	
Weight	
Eyes	
Ears	
Nose	
Throat	
Neck	
Chest	
Abdomen	
Arms	
Legs	
Spine	

Check Your Progress

A. Fill in the Blanks

1. To measure the length of a baby, who cannot stand, the measurement is taken from the sole of the feet to the _____ of the head.
2. Skull circumference is measured by considering its diameter from above the eyes to the _____ protuberance.
3. For a detailed internal eye examination, an _____ is used.
4. The basic equipment used for hearing test is _____.
5. The abdomen is examined when a patient is in a _____ recumbent position and the knees are slightly flexed to promote the relaxation of abdominal muscles.
6. While examining the anterior chest, a patient is placed in a _____recumbent position.
7. The weight of a person, who can stand, is generally, measured by a _____ scale and the weight is taken without _____.
8. In standing position, the spine is examined for _____.

C. Short Answer Questions

1. What is the procedure for the examination of ears?
2. What are the techniques of physical assessment used in abdomen examination?
3. What technique is used for chest examination?
4. What precautions are to be taken while examining the height and weight of a person?

B. Match the Columns

Examination of organs	Position of examination
1. Eye	(a) Standing position
2. Spine	(b) Head resting against the chair
3. Nose, throat, mouth	(c) Lying or sitting position
4. Abdomen	(d) Dorsal recumbent